PTO/SB/05 (08-03)
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UTILITY PATENT APPLICATION **TRANSMITTAL**

Title	Inventory Control System for Body Art Studio
First Inventor	INGALLS
Attomey Docket No.	8104-0001

(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No. EV 417207019 US					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450					
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 20] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of					
5. Oath or Declaration [Total Sheets 2]	(when there is an assignee) Attorney 11. English Translation Document (if applicable)					
a. Newly executed (original or copy)	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations					
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76	15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: Fee: .561.					
18. If a CONTINUING APPLICATION, check appropriate box, and sup	oly the requisite information below and in the first sentence of the					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:						
Continuation Divisional Continua	tion-in-part (CIP) of prior application No.:					
Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
	DENCE ADDRESS					
Customer Number: 39207	OR Correspondence address below					
Name						
Address						
City	State Zip Code					
	elephone Fax					
Name (Print/Type) Robert J. Sacco	Registration No. (Attorney/Agent) 35,667					
Signature	Date Mar. 26, 2004					

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/17 (10-03)
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FEE TRANSMITTAL		Complete if Known		
FEE TRAN	SWILL I AL	Application Number		
for FY 2004 Effective 10/01/2003, Patent fees are subject to annual revision.		Filing Date		
		First Named Inventor	INGALLS	
		Examiner Name		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit		
TOTAL AMOUNT OF PAYMENT	(\$) 561	Attorney Docket No.	8104-0001	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)			
Check Credit card Money Other None	3. ADDITIONAL FEES			
Order Order	Large Entity Small Entity			
Deposit	Fee Fee Fee Fee Fee Description			
Account 50-2884	Code (\$) Code (\$) Fee P	aid		
Number Deposit CARCO A ACCOUNTED	1052 50 2052 25 Surcharge - late provisional filing fee or	\dashv		
Account Name SACCO & ASSOCIATES	cover sheet			
The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification			
Charge fee(s) indicated below	1812 2,520 1812 2,520 For filing a request for ex parte reexamination			
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action			
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after			
to the above-identified deposit account.	Examiner action			
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month			
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month			
Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month			
Fee Fee Fee Fee <u>Fee Description</u> Fee Paid Code (\$) Code (\$)	1254 1,480 2254 740 Extension for reply within fourth month			
1001 770 2001 385 Utility filing fee 385	1 1255 2,010 2255 1,005 Extension for reply within fifth month			
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal			
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal			
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 385	1452 110 2452 55 Petition to revive - unavoidable			
	1453 1,330 2453 665 Petition to revive - unintentional	_		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,330 2501 665 Othly Issue fee (or reissue)			
Extra Claims below Fee Paid	d 1502 480 2502 240 Design issue fee			
Total Claims 30 -20** = 10 x 9 = 90	1503 640 2503 320 Plant issue fee			
Claims 5 - 3" = 2	1460 130 1460 130 Petitions to the Commissioner			
Multiple Dependent =	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	_		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$)	8021 40 8021 40 Recording each patent assignment per property (times number of properties)	ŀ		
1202 18 2202 9 Claims in excess of 20	1809 770 2809 385 Filing a submission after final rejection	\dashv		
1201 86 2201 43 Independent claims in excess of 3	(37 ČFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims over original patent	1801 770 2801 385 Request for Continued Examination (RCE)	\dashv		
1205 18 2205 9 ** Reissue claims in excess of 20	1802 900 1802 900 Request for expedited examination	\dashv		
and over original patent	of a design application			
SUBTOTAL (2) (\$) 176	Other fee (specify)			
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)			

SUBMITTED BY

Name (Print/Type)
Robert J. Sacco
Registration No. (Attornev/Agent)
Signature

(Complete (if applicable))
Telephone 561-626-2222

Date 3/21/04

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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